



# Incident Report

**Print Date/Time:** 07/20/2016 08:16  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00013235

**Incident Date/Time:** 7/8/2016 10:13:09 PM  
**Location:** 429 91ST AVE SE  
LAKE STEVENS WA 98258  
**Phone Number:** (859) 312-0930  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:** 2016-00013235

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3F  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells
19S10	SS0013-Brooks

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	LAMB, ALYSON					
2	Reporting Party	SMITH, KRISTENE M					04/07/1964
3	Reporting Party	BROOKS, SHAIN		(859) 312-0930			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ATC3964	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

07/09/2016 : 00:12:50 SP0367 Narrative: 19R1- 10-15 RELD

07/08/2016 : 23:58:02 SP0400 Narrative: MACKS TOW, 12 HOUR DUI HOLD, L/ AUD7484

07/08/2016 : 23:11:11 SP0412 Narrative: SVR Notes: MACKS TOW

07/08/2016 : 23:02:51 SP0412 Narrative: EM 36216

07/08/2016 : 22:55:50 ss0131 Narrative: no pbt - no walk and turn or 1leg stand due to self reported injury to lumbar disk and cyatic nerve injury

07/08/2016 : 22:52:35 SP0386 Narrative: SM 36212 W/ FEM

07/08/2016 : 22:52:01 SP0386 Narrative: MIRANDA READ

07/08/2016 : 22:44:50 SP0416 Narrative: 1 1015

07/08/2016 : 22:30:01 SP0416 Narrative: WSP NOT AVL FOR DUI

07/08/2016 : 22:20:44 SP0416 Narrative: AID OS

07/08/2016 : 22:16:37 SP0416 Narrative: AID REQ PER 19S10

07/08/2016 : 22:16:09 SP0416 Narrative: SUBJ IN SEZIURE

07/08/2016 : 22:15:41 SP0403 Narrative: LR403

07/08/2016 : 22:15:22 SP0403 Narrative: NON INJ, WMA, ND,

07/08/2016 : 22:15:16 SP0416 Narrative: DESCRIPTION OF M WALKING AWAY?

07/08/2016 : 22:14:49 SP0403 Narrative: RP'S MOM IS NOW SPEAKING W, F WHO WAS INVOLVED

07/08/2016 : 22:14:39 SP0379 Narrative: Narrative added from associated Call #: 788 - LR379

07/08/2016 : 22:14:37 SP0403 Narrative: WALKING NB

07/08/2016 : 22:14:30 SP0403 Narrative: 4DR CAR, PEOPLE ARE GATHERING, M IS WALKING TOWARDS COUNTRY MARKET ON 91ST

07/08/2016 : 22:14:08 SP0379 Narrative: Narrative added from associated Call #: 788 - CC, JO, RP T-BONED BY ANOTHER VEH, NON INJ, BLKING 4TH, RP IN GRY TOY CAMRY VS SIL PC

07/08/2016 : 22:14:05 SP0416 Narrative: BCST

07/08/2016 : 22:13:36 SP0403 Narrative: NOW WALKING OFF

07/08/2016 : 22:13:24 SP0403 Narrative: AC, NOW, HBD MALE SCREAMING DUE TO A COLLISION

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E561970**CASE # **2016-00013235**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02** OBJECT  
STRUCKTRIBAL  
RESERVATIONDATE OF COLLISION **07** - **08** - **2016** TIME (2400) **2213** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐  
**91 AVE** BLOCK NO. ☒ **400**  
MILE POSTDISTANCE **4 ST SE** OF (REFERENCE OR CROSS STREET)UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4258705417**LAST NAME **SMITH** FIRST NAME **KRISTENE** MIDDLE INITIAL **M**STREET NEW ADDRESS **5326 119TH ST NE UNIT A**CITY **MARYSVILLE** ST **WA** ZIP **982716244**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE **WA** SEX **F** D.O.B. **04** - **07** - **1964**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AUD7484** STATE **WA** VIN# **KMHDH4AEXCU370716**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2012** MAKE **HYUN** MODEL **ELANTR** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **KRISTENE SMITH 607 89TH AVE SE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 4432732644**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4253468625**LAST NAME **TAVARES** FIRST NAME **KATLYN** MIDDLE INITIAL **F**STREET NEW ADDRESS **522 RUSSELL RD**CITY **SNOHOMISH** ST **WA** ZIP **982905626**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **TAVARKF029DK** STATE **WA** SEX **F** D.O.B. **03** - **12** - **1998**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ATC3964** STATE **WA** VIN# **JT2SV21W5J0143481**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1988** MAKE **TOYT** MODEL **CAM5D** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **LORETTA TAVARES 522 RUSSELL RD SNOHOMISH WA 98290**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **METROPOLITAN GROUP 5173658290**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **R. BROOKS** BADGE OR ID # **0013** AGENCY **WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E561970**CASE # **2016-00013235**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BARCLAY NICHOLAS A</b>																
ADDRESS & PHONE # <b>WA</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>08</b>	-	<b>20</b>	-	<b>1995</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>7</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>AVERY ALLEN T</b>																
ADDRESS & PHONE # <b>WA</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>01</b>	-	<b>16</b>	-	<b>2000</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MCCUTCHEN TYLER J</b>																
ADDRESS & PHONE # <b>WA</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>11</b>	-	<b>08</b>	-	<b>1998</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>0</b>	NATURE OF INJURIES

**NARRATIVE**

Unit 2 was Northbound on 91 Ave. S.E. in the 400 block. Unit 1 was making a right turn onto 91 Ave. S.E. from 4th Street SE. As Unit 1 was turning southbound onto 91 Ave. from eastbound 4 St. S.E. she crossed over into the oncoming lane of travel and struck Unit 2. After she struck Unit 2 she continued south on 91 Ave. S.E. She was yelled at by several witnesses until she came to a stop about a 50 yards south of the original collision location. When I arrived several people yelled at me saying that the driver of the car that caused the collision is just ahead of me and that the driver is impaired. She was later taken into custody for DUI.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. BROOKS**
**07-10-16 02:59 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**R. BROOKS 0013**

DATE

**7/10/2016 3:01:01 AM**

BADGE OR ID #

**0013**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**10:14 PM**

TIME POLICE ARRIVED

**10:16 PM**



STATE OF WASHINGTON  
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## ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>LAMB ALLISON K</b>																
ADDRESS & PHONE # <b>WA</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>10</b>	-	<b>15</b>	-	<b>1999</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>8</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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TIME POLICE DISPATCHED

**10:14 PM**

TIME POLICE ARRIVED

**10:16 PM**

REPORT NO. E561970

CASE # 2016-00013235

DATE AND TIME  
OF COLLISION 07/08/16 22:13

